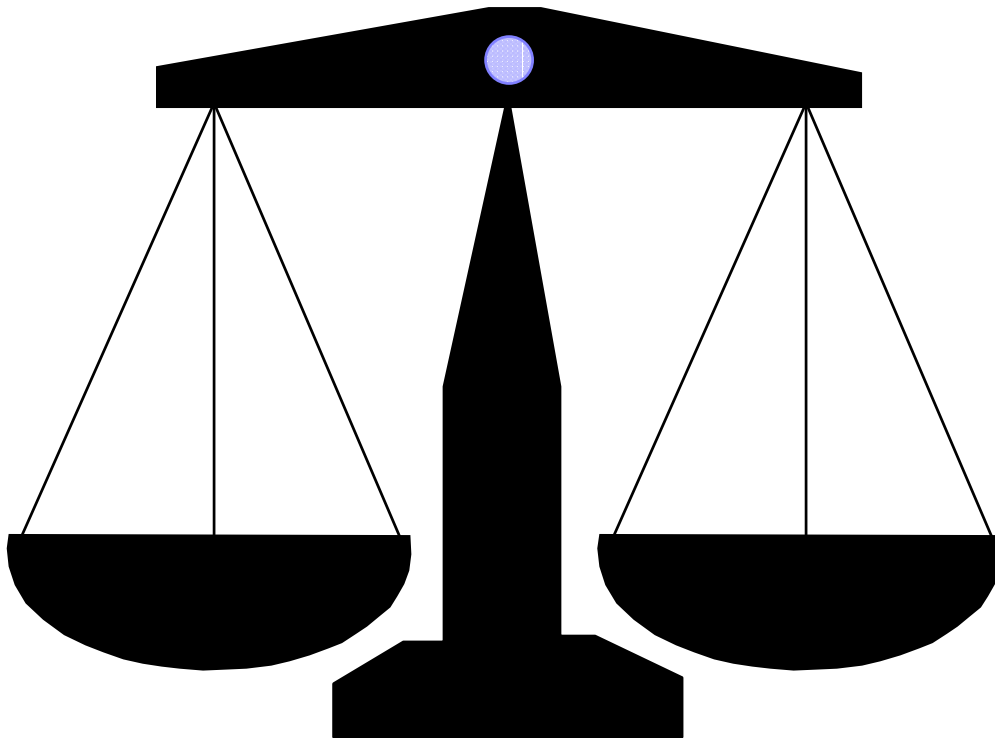


A chance...a change

Campbell Juvenile Drug Court

PROCEDURES MANUAL



KENTUCKY JUVENILE DRUG COURTS
ADMINISTRATIVE OFFICE OF THE COURTS

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INTRODUCTION

America's courts have become increasingly clogged with drug-related cases. Jails and prisons are overflowing with drug offenders, many who began abusing drugs as juveniles. Incarceration alone is not an effective sanction to disrupt the cycle of drug use and related criminal activity (United States Department of Justice: Special Drug Courts). Many offenders never receive treatment, continue to abuse substances and continue to commit crimes in order to pay for their addictions. In an effort to reduce recidivism and provide help to drug offenders, a drug court diversion program was founded in Miami, Florida, the summer of 1989. Recognizing the success of these programs with the adult population, similar programs have been developed for the juvenile population.

On July 1, 1996, the Administrative Office of the Courts of Kentucky (AOC) established a Drug Courts division. The Drug Court sites are state and federally funded and administered through AOC in conjunction with local Drug Court committees and Judges. The committees include local court personnel and community representatives key to the program success. The committees work to establish policies and procedures that meet the needs of the community and participants.

KEY COMPONENTS OF DRUG COURTS

All drug courts must include the following key components*:

- 1) Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- 2) Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
- 3) Eligible participants are identified early and promptly placed in the drug court program.
- 4) Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- 5) Frequent alcohol and other drug testing monitor abstinence.
- 6) A coordinated strategy governs drug court responses to participants' compliance.
- 7) Ongoing judicial interaction with each drug court participant is essential.
- 8) Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
- 9) Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
- 10) Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court.

*Drug Courts Program Office, *Defining Drug Courts: The Key Components*, January 1997.

ROLE OF THE JUVENILE DRUG COURT TEAM

The Juvenile Drug Court Team uses a non-adversarial approach to provide a continuum of services to the participants and their families. Although each member has specific responsibilities, collaboration and cooperation are paramount to the program's, and ultimately the participants' success.

The **Juvenile Drug Court Judge** provides team leadership. The Judge is responsible for maintaining ongoing contact with each participant through regular drug court session and for administering incentives and sanctions.

The **Prosecutor** is involved in making eligibility decisions and for handling any adjudication proceedings that result from an unsuccessful completion of drug court.

The **Defense Attorney** ensures the participant receives due process, explains program requirements, and acts as the participants' advocate.

Treatment Providers assess participants to determine level of treatment needed and provide those services. These individuals also provide some case management services and provide either written or oral reports to the Drug Court Team at staffings.

Court Designated Workers assist in screening potential participants and may assist in some case management services.

Department of Juvenile Justice Officers may provide referrals and assist in supervision of participants.

School Personnel assist with case management and monitor participant progress in school, providing either written or oral reports to the Treatment Team at staffings.

The **Treatment Coordinator** is responsible for determining eligibility, oversight of the program and coordination of services. This individual also supervises Case Specialists, maintains statistical information, and works to forge or maintain community linkages.

The **Case Specialist** has primary case management responsibilities. They monitor participants, record progress, and maintain participant files.

PROGRAM OUTLINE

Drug Courts are treatment-oriented and target participants whose major problems stem from substance abuse. The mission of Kentucky's Drug Courts is to create a criminal justice environment that stops illicit drug use and related criminal activity and promotes recovery.

In the program model developed by AOC, juvenile offenders may be referred to the Juvenile Drug Court Judge for screening by the prosecutor, defense attorneys, the Department of Juvenile Justice, Court Designated Workers, law enforcement, school personnel, or parents/guardians. This model, with local variations, is being used across the state.

When approved for entry into the program, Drug Court staff works with the participants and their families to develop Individualized Program Plans. The plans outline specific responsibilities and goals with timetables. The plans may include group, family and individual counseling; frequent and random drug testing; educational and vocational training; and health and community activities. The program is performance-based with measurable expectations and accountability.

Although the Judge reviews written reports from the Drug Court staff and pre-court conferences are conducted to discuss participant progress, participants report directly to the Juvenile Drug Court Judge in Court, explaining successes and failures. The Juvenile Drug Court Judge rewards progress and sanctions noncompliance. The successful participant may have his or her sentence conditionally discharged at the Court's discretion.

ENTRANCE REQUIREMENTS

All participants and their parent/guardian must sign the agreement of participation. Potential participants must also submit to a drug screen and undergo an eligibility assessment. Parents/guardians will be required to complete a questionnaire (refer to Appendix) to corroborate information given by the potential participant.

AGREEMENT OF PARTICIPATION

The Agreement of Participation (refer to Appendix) outlines the basic rules of the program and sanctions that may be imposed by the Juvenile Drug Court Judge for failure to abide by the conditions of the program. The form is read to each potential participant and guardian to ensure understanding the requirements and possible sanctions. Each participant and guardian must sign the form prior to admission into the Juvenile Drug Court.

DRUG SCREENS

Drug tests are a major component of the Juvenile Drug Court program to determine drug abuse patterns and to monitor participant progress. Drug tests are conducted on a frequent and random basis. Parents/guardians may be subject to drug testing if the Juvenile Drug Court judge so orders.

When a participant is in detention, the initial drug test is performed at the detention center; if not in custody, at a designated local facility or Drug Court Center. The tests are used to discern drug abuse patterns and for treatment purposes. The tests need not follow the official rules of chain of custody. The results of the tests are not

admissible in court except for Drug Court purposes. The detention center or local facility provides the Drug Court staff with drug test results as quickly as possible.

A drug test referral form (refer to Appendix) is used to assist the testing facility in providing the appropriate service. The referral form is given to all prospective participants for the initial screening, for random testing, and when a participant advances or is demoted a phase.

ASSESSMENT

All potential participants must undergo assessment to establish drug abuse and history of drug use. The Kentucky Adolescent Intake Assessment (KAIA) (refer to Appendix) is administered by the Drug Court staff. Community treatment providers may conduct further tests.

The KAIA is a multidimensional instrument used to diagnose, evaluate, and assess change in a participant's drug abuse patterns. It identifies personal and family background, current status, and strengths and needs in six domains. The six areas of concentration are medical status, educational/employment status, drug/alcohol use, legal status, family/social relationships, and psychiatric status.

The KAIA is a cost-effective, computerized tool based upon the concept that successful treatment of drug-abusing juvenile offenders must address problems which may have contributed. It takes approximately forty-five to sixty minutes to administer.

TYPES OF DRUG COURT REFERRALS

Drug-abusing juvenile offenders may be screened for Juvenile Drug Court by means of the probation track or diversion track. The following information is a description of both tracks.

PROBATION TRACK

A case may be assigned to Juvenile Drug Court in lieu of probation. Additionally, for juvenile offenders who have violated conditions of traditional probation, Juvenile Drug Court may be incorporated as an alternative to revocation.

After examining the facts of the case and speaking with the offender and the attorney, the sentencing Judge may decide the offender's charges stem from substance abuse. An order of referral for assessment by Drug Court (refer to Appendix) is issued. Based on the evaluation, the sentencing Judge may then allow the juvenile to complete the program in lieu of traditional probation. Juvenile offenders who are not in custody are given a form (refer to Appendix) stating they must contact the Juvenile Drug Court Center within three days to schedule the assessment. Juveniles who remain in custody are assessed at the detention center.

Following receipt of the Judge's referral order, Drug Court staff perform a records check obtained through the Department of Juvenile Justice (DJJ) or the Court Designated Worker's Office. Initial eligibility is determined based on prior criminal history. The police may also be contacted for additional information. When a juvenile appears to have a nonviolent prior criminal history, preliminary information is gathered, the KAIA is administered, and a drug test is scheduled. Parents/guardians are required to complete a questionnaire to corroborate and provide baseline information.

Based on the information obtained, a notice of eligibility (refer to Appendix) is forwarded the referring Judge who makes the final determination of whether a juvenile should be given the privilege of participating in Juvenile Drug Court. If the juvenile is deemed appropriate, the case is transferred to Juvenile Drug Court after disposition by means of an Order (refer to Appendix).

When a case is accepted into the Juvenile Drug Court, a Drug Court Case Specialist is assigned. If the sentencing Judge determines that fines, restitution, court costs, etc., are to be paid, a payment plan is developed.

In the event that a participant fails to successfully complete the program and probation supervision has been transferred to Drug Court staff, termination proceedings will be initiated.

Upon successful completion of Drug Court probation cases, the Drug Court Judge **may** conditionally discharge participants from the remainder of the probation sentence.

DIVERSION TRACK

The diversion track will vary from jurisdiction to jurisdiction based on local adaptation. The AOC Model suggests the following:

A. DIVERSION ELIGIBILITY SCREENING

Upon being charged, most defendants are interviewed by Court Designated Workers (CDW) using a standardized interview form (refer to Appendix) to obtain and verify information used by the Court. The data includes current charges, prior criminal history, and copies of the arrest documents. This information is required in order to determine Drug Court eligibility criteria.

A CDW reviews all interviews on a daily basis. Utilizing a form designed to reflect the diversion eligibility criteria Categories I and II (refer to Appendix), any juvenile with charges in Category I are flagged for review. Juvenile Drug Court staff examine the interviews of potential participants to further screen for eligibility based on Category II. When a juvenile is eligible in both categories, Drug Court staff requests a copy of the interview from the CDW office.

Drug Court staff speak with each potential participant and their attorney to explain the Juvenile Drug Court process, provide literature, and request that a waiver of confidentiality (refer to Appendix) be signed to release the CDW interview information for review by the Juvenile Drug Court team. Each potential participant is required to undergo an initial drug screen and KAIA to assist in determining the level of drug abuse and suitability for the program.

In order to expedite the process, juvenile offenders and their guardians are contacted as quickly as possible. Juveniles who are not in custody must contact Juvenile Drug Court staff to schedule an appointment within three days.

If a juvenile is in custody, the drug test, assessment, and the explanation of the Agreement of Participation will be conducted at the detention center. The juveniles' attorneys are also contacted and asked that they further discuss the Juvenile Drug Court option with their clients.

B. DIVERSION ELIGIBILITY CRITERIA

Specific criteria have been established to determine the eligibility of potential participants. Diversion eligibility criteria are described below:

1. A juvenile may meet the criterion for Category I, if he or she has been charged with:
 - a) Possession of Drug Paraphernalia or Possession of Alcohol by a Minor, 2nd Offense, with no other felony charges; with the possible exception of Possession of a Controlled Substance and other evidence of drug abuse.
 - b) Possession of a Controlled Substance (Felony); and
 - c) Obtaining Controlled Substance by Fraud (Prescription Fraud).
2. A juvenile may meet the criterion for Category II, if his or her criminal history reflects:
 - a) No prior violent misdemeanor convictions in the past;
 - b) No prior felony convictions with the possible exception of Possession of a Controlled Substance and other evidence of drug abuse; and
 - c) No convictions of Trafficking in a Controlled Substance.

Violent misdemeanor convictions may include Assault in the Fourth Degree, Menacing, Wanton Endangerment in the Second Degree, Terroristic Threatening,

Stalking in the Second Degree, Resisting Arrest, and Carrying a Concealed Deadly Weapon.

C. DIVERSION ACCEPTANCE

When the Juvenile Drug Court staff determine a juvenile offender meets the eligibility criteria of Categories I and II, the juvenile will be docketed for a District Court appearance within ten days. Between the time of the charge and disposition, the juvenile will have undergone an assessment and drug testing to assist in determining drug abuse problems and the severity of the drug abuse.

When the juvenile has been determined to be eligible for Juvenile Drug Court, the Drug Court staff complete a notice of eligibility form (refer to Appendix) and provide it to the Drug Court Judge. The juvenile's attorney explains the program to the client and obtains the appropriate signatures and waivers. At that time, a disposition hearing is scheduled where the Judge transfers the juvenile to Juvenile Drug Court.

If the participant fails to complete the program, termination from Juvenile Drug Court and sentencing will follow. Upon successful completion of Juvenile Drug Court diversion track, the charges will be set aside and expunged.

VIOLENT OFFENDER PROHIBITION

The federal regulation defines "violent offender" as:

A person who either –

- (1) Is currently charged with or convicted of an offense during the course of which:
 - I. The person carried, possessed, or used a firearm or other dangerous weapon; or
 - II. There occurred the use of force against the person of another; or
 - III. There occurred the death of, or serious bodily injury to, any person; without regard to whether proof of any of the elements described herein is required to convict; or
- (2) Has previously been convicted of a felony crime of violence involving the use or attempted force against a person with the intent to cause death or serious bodily harm. 28 C.F.R. section 93.3 (1996).

SUPERVISION OF JUVENILE DRUG COURT PARTICIPANTS

The KAIA and one-on-one contact with participants provide insight as to the needs of participants on a case-by-case basis. Participants meet the Drug Court staff to develop Individualized Program Plans (IPP) (refer to Appendix) that outline overall program goals and Phase I goals. As participants advance to the next phase, progress is reviewed and new goals are established.

Participants are required to have approved stable housing, be in school, be employed, or in vocational training. Participants who are not in an educational or vocational activity will be required to complete 20 hours of community service per week until they have enrolled in appropriate educational pursuits or are employed. When coordinating with outside agencies, participants are requested to sign a Release of Confidential Information form (refer to Appendix). Participants are required to fulfill obligations as delineated on their weekly calendars (refer to Appendix), including drug testing, and must provide documentation of attendance at required meetings and activities. Progress is verified, documented, and reported to the Juvenile Drug Court Judge during conferencing sessions before each Drug Court session.

Supervision of participants consists of face to face meetings in the drug court office as well as the participant's residence. Unannounced site visits to the participants' school, place of employment, and residence will be conducted by case specialists. DJJ and law enforcement officers may assist. Some family counseling sessions may be conducted in the participants' homes. Drug testing may be conducted the case specialists on any site visit.

Participants are also required to show proof of payments for court fines, restitution, child support, and any other costs ordered by the Court. Proof of payment may be in the form of a copy of a money order, cancelled check, or court receipt. School performance will be monitored through progress reports and site visits. Proof of employment may be in the form of a check stub.

Throughout the program, participants appear in Court on a regular basis. Drug Court staff provide case notes on each participant for each court session (refer to Appendix). The Juvenile Drug Court Judge reviews the participant files and participants are held accountable for successes and failures.

Short orientation meetings for participants and family members are conducted to familiarize the family with the program. The orientation consists of a brief outline of the program, a short film on addiction, and information regarding Al-Anon and other support groups. Family sessions are scheduled to further ensure the support system understands the program and are better equipped to provide encouragement. If more intensive family therapy is indicated, appropriate referrals will be made and incorporated into the participant's IPP. A guardian or other responsible adult is encouraged to attend Juvenile Drug Court sessions with the participant.

OUTLINE OF PROGRAM PHASES

The Juvenile Drug Court program consists of three phases that can be completed in nine to twelve months.

Phase I: Stabilizing Period

Minimum Requirements:

1. To attend one Juvenile Drug Court session per week;
2. To provide all assigned drug screens each week which reflect no use of drugs or alcohol;
3. To attend all assigned meetings and activities and provide documentation;
4. To attend all assigned group, family, and/or individual counseling sessions;
5. To begin to make necessary arrangements for payment of Court obligations;
6. To maintain Court-approved stable housing;
7. To maintain Court-approved educational, vocational, or training referrals;
8. To write seven daily journal assignments which are submitted to the Judge;
9. To comply with any necessary medical referrals; and
10. To purchase assigned literature, begin work on a recovery program, and obtain a Court-approved mentor.

Phase II: Educational Period

Minimum Requirements:

1. To attend one Juvenile Drug Court session every other week;
2. To provide all assigned drug screens each week which reflect no use of drugs or alcohol;
3. To attend all assigned meetings and activities and provide documentation;
4. To attend all assigned group, family, and/or individual counseling sessions;
5. To develop a payment plan to satisfy any restitution, court costs, etc.;
6. To maintain Court-approved stable housing;
7. To maintain Court-approved educational, vocational, or training referrals;
8. To turn in daily journal assignments;
9. To read a book every two weeks and turn in a report to the Judge;
10. To be involved in at least one recreational extracurricular activity every two weeks;
11. To maintain regular contact with an approved mentor and continue working on a recovery program.

Phase III: Self-Motivational Period

Minimum Requirements:

1. To attend one Juvenile Drug Court session every three weeks;
2. To provide all drug screens each week which reflect no use of drugs or alcohol;
3. To attend all assigned meetings and activities and provide documentation;
4. To attend all assigned group, family, and/or individual counseling sessions;
5. To pay a substantial amount of restitution, court costs, etc.;
6. To maintain Court-approved stable housing;
7. To maintain Court approved educational, vocational, or training referrals;
8. To turn in daily journal assignments;
9. To read a book every three weeks and turn in a report to the Judge;
10. To be involved in two extracurricular recreational activities every three weeks;

11. To maintain regular contact with an approved mentor and continue to work on a recovery program;
12. To mentor a new Juvenile Drug Court participant and/or group session; and
13. To complete an exit calendar (refer to Appendix), exit interview, and plan for aftercare.

In order to advance to another phase, it is strongly recommended that at least 30 days of sobriety be attained in Phase I, 60 days in Phase II, and 90 days of sobriety prior to graduation.

AFTERCARE

Participants are required to participate in aftercare following graduation and to be available for at least three months to serve as a mentor for new participants or group sessions and/or perform public speaking as requested by the program. Aftercare also involves continued attendance at scheduled meetings and activities, regular and random drug screens or breathalyzers if requested by staff or the Juvenile Drug Court Judge. Graduates must notify Drug Court staff of any changes in address, educational, and vocational status and contact the Drug Court office at least once a year for five years for statistical purposes.

Graduates are encouraged to call the Drug Court office if they are struggling in their recovery or are experiencing other crisis situations. A Case Specialist or the Treatment Coordinator will be available to address the issues and offer assistance or support.

If graduates fail to meet the requirements of aftercare, the Juvenile Drug Court Judge may issue a summons or a warrant for them to appear in court. The Judge may then order the graduate to continue participation, or in some cases, revoke the conditional discharge from probation.

STATISTICAL REPORTING

In order to continuously assess Drug Court progress, monthly gathering of information of participant activity is required. This information will improve the program design and alert the key players of potential problems.

Juvenile Drug Courts must be accountable to impact the criminal justice system. Goals are set and must be measurable in order to assess progress. As statistical information is collected and evaluated, goals and program designs may need revision.

Reports are compiled through ongoing monitoring, tracking, and assessments conducted on a monthly basis (refer to Appendix). It is important to maintain open lines of communication with all service providers in order to collect data from all components of Juvenile Drug Court.

Monthly statistical reports are used as a primary resource when compiling quarterly and annual reports. All Drug Court staff contributes to compiling the statistics. The report must be submitted by the tenth day of the following month.

INCENTIVES

Incentives reward participants for positive steps toward attaining a drug-free, crime-free lifestyle. The most powerful incentive is the dismissal of charges for the diversion participant and conditional discharge for the probationer. Other incentives include promotion to the next phase, which may involve certificates (refer to Appendix) and tokens, decreased supervision and more personal responsibility; the privilege of mentoring newer participants; and personal achievements, such as getting an improved report card, paying court obligations, rebuilding relationships with family, and increased self-esteem and respect. Other creative, individualized incentives may include: movie passes, gift certificates, fast-food vouchers, and bowling and skating passes.

When participants successfully meet all Juvenile Drug Court obligations, formal graduation ceremonies are conducted. This provides the opportunity for the graduate to be recognized for his or her accomplishments in the presence of the Drug Court staff and Judges, their peers, family and friends, the Police and Community Officials, and other distinguished guests. The graduates may be presented with a certificate of achievement, a plaque, and a T-shirt with the Drug Court logo on it.

SANCTIONS

Each participant must abide by the conditions of Juvenile Drug Court and failure to do so may result in the Judge imposing sanctions including, but not limited to: increased level of treatment, community service, phase demotion, increased assignments, earlier curfews, home incarceration, imprisonment in the detention center, and termination from the program.

The Juvenile Drug Court Judge may employ a wide range of graduated sanctions as a result of program violations on a case-by-case basis. When the Judge imposes sanctions, it is the responsibility of the participant to comply as ordered and the responsibility of the Drug Court staff to make arrangements as needed and to verify compliance.

TERMINATION

Regardless of the method by which a participant enters Juvenile Drug Court, termination may occur for various reasons including, but not limited to:

- Noncompliance with rules and procedures
- Arrest and/or conviction on new charges (case by case basis)
- Failures to appear as scheduled for court, jail, or treatment
- Absconding from the program
- Participant voluntarily decides to petition the Court for termination

DRUG COURT AGREEMENT OF PARTICIPATION

NAME: _____ SS#: _____ DOB: _____

1. **Drug Treatment and Counseling.** I will attend drug treatment and will participate in group, family, and/or individual counseling.

2. **Refrain From Further Possession or Use of Drugs.** I will not possess and/or use illicit drugs and agree to submit to frequent and random testing of my urine for the presence of drugs. I understand and agree evidence as to chain of custody and validity of testing procedures is not required and the results of my tests shall be admissible as evidence in Drug Court.

3. **Housing.** I understand that stable housing is necessary for my recovery and must be approved by the Drug Court staff. I agree to comply with recommendations and restrictions.

4. **Refrain From Further Violation of Law.** I will not violate laws and I understand that any violation or arrest must be reported to the Drug Court staff within 12 hours.

5. **Employment, Education and/or Job Training.** I agree to maintain approved employment and/or attend any education or job training programs to which I am referred.

6. **Agreement to Make All Scheduled Appearances.** I will provide for my own transportation and shall appear as scheduled for Drug Court sessions and all other appointments.

7. **Voluntary Termination.** I understand that I may petition the Court for termination from this program. If the Court determines that the termination petition is intelligently and voluntarily made, sentence will be imposed by the Drug Court Judge.

8. **Costs Related to Program.** I agree to pay all or partial costs for my participation in Drug Court as set by the Court after consideration of my financial circumstances.

9. **Exchange of Information.** I understand Drug Court data is confidential and I will not discuss the program or disclose participant information without approval from the Drug Court staff. I understand the Drug Court staff will make reports to the Judge concerning my progress in treatment and that the psychologist-patient/counselor-patient privileges shall not apply. I agree to release information and permit communication with outside agencies to assist in fulfilling the requirements of the Drug Court program.

10. **Medical Issues.** I agree to seek medical attention when appropriate and follow through with the recommendations. Any prescribed drugs will be reported to the Drug Court staff.

11. **Disclosure of Program Information.** I understand for purposes of study or review of this program, some otherwise confidential information may be disclosed to third parties, but that under no circumstances will this statistical data include my name, address or other personal identifying information.

12. **Confidentiality of Drug Court Participation.** I understand that any statements or disclosures I make during the course of my participation in treatment, counseling or court proceedings in regard to drug use or drug seeking behavior shall be held confidential. If I am terminated from this program, the fact of my participation, the results of any testing, any statements I made during the course of this program, and the reason(s) for termination shall be privileged, subject to appropriate waivers of said privilege.

13. **Participants Not Asked to Inform on Others.** The Court agrees that no defendant participating in this program will be requested to be an informant or encouraged to disclose information concerning any third parties as a condition of entry or completion of this program.

14. **Appropriate Behavior Among Participants.** I agree to respect the opinions and feelings of other program participants and understand verbal or physical threats or abuse will not be tolerated. I agree not to engage in any romantic or sexual relationships with other Drug Court participants while actively involved in the program.

15. **Site Visits.** I understand site visits to my home and place of employment will be conducted by Drug Court staff and/or law enforcement officers.

I understand that I must abide by the conditions of Drug Court, including my individual program plan, and failure to do so may result in sanctions including, but not limited to, inpatient drug treatment, community service, home incarceration, imprisonment in the county jail, or termination from the program.

Participant: _____ Date: _____

Guardian: _____ Date: _____

Witnessed by: _____ Date: _____

Juvenile Drug Court Program

Referral Form
Referred by CDW Office

Child's Name: _____ DOB _____
Social Security Number _____
School currently enrolled: _____ Current grade level: _____
Home Address: _____
Home telephone: _____
Parent/Guardian: _____ Relation to Child: _____
Parent/Guardian Work or Emergency Telephone number: _____
Is the child currently employed? Yes _____ No _____ If yes, where? _____
Is the child insured? Yes _____ No _____ If yes, by what provider? _____
Is the child currently receiving services relevant to substance abuse? Yes _____ No _____ If yes, where? _____

Past Interventions attempted with the child: _____

Current Offense charged: _____

Past Offenses charged that include substance abuse: _____

Checklist

Is the child between 13 and 17 years of age?	Yes _____	No _____
Does the child have a public or status offense pending with the Juvenile Court?	Yes _____	No _____
Does the juvenile reside in _____ County?	Yes _____	No _____
Has he/she been assessed/identified as a drug abuser?	Yes _____	No _____
Does the juvenile need further assessment for substance abuse?	Yes _____	No _____
Does the juvenile qualify as a Youthful Offender?	Yes _____	No _____
Does the juvenile have any past adjudicated, or pending "Sexual Offenses?"	Yes _____	No _____

Please list any pending or previously adjudicated: felony charges, charges that included serious physical injury to another person, violation of probation, or contempt of court.

Comments: _____

WAIVER

I give my permission for _____ to see
my interview prepared by Court Designated Workers.

Name: _____ Date: _____

Guardian: _____

Witness: _____

Drug Court Referral For Drug Testing

DATE: _____

NAME: _____

TYPE: _____ INITIAL

_____ RANDOM

_____ CHANGE IN PROGRAM PHASE: I II III
(Please Circle)

Anyone taking prescription medication must take the prescription bottles and medicine to the drug testing site and Drug Court Center.

You must always provide a Picture I.D. and Social Security Card.

AUTHORIZATION FOR REQUEST FOR RELEASE OF INFORMATION

RE: _____ AKA: _____

Participant's Name

Social Security Number Address City

State Zip Code

I, _____ authorize _____ Drug
Name of participant County
Court Program to (Circle One) disclose to or request
From _____

Name of person or organization to disclose to or request from
the following information:

Nature of information, as limited as possible

I am aware that this record may contain information concerning psychiatric, drug, alcohol abuse, HIV infection, or sexually transmitted disease information.

These items are not to be released unless specifically checked:

_____ Psychiatric or Mental Health _____ Alcohol or Drug Treatment Information
_____ AIDS/HIV Related Results _____ Sexually Transmitted Disease Information

The purpose of the disclosure authorized herein is to:

Purpose of disclosure, as specific as possible

I understand that my records are protected under the Federal Regulations governing confidentiality of Alcohol and Drug Abuse Records, 42CFR, Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance of it, and that in any event this consent expires one (1) year after the date signed unless an earlier date is specified.

Earlier date requested: _____ If yes, (state earlier date) _____
Yes No

This is a limited disclosure for the purpose or purposes as stipulated above and so indicated by the person whose records this information has been extracted from. "THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS PROTECTED BY FEDERAL CONFIDENTIALITY RULES (42 CFR, PART 2). THE FEDERAL RULES PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION UNLESS FURTHER DISCLOSURE IS EXPRESSLY PERMITTED BY THE WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY 42 CFR, PART 2. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE. THE FEDERAL RULES RESTRICT ANY USE OF THE INFORMATION TO CRIMINALLY INVESTIGATE OR PROSECUTE ANY ALCOHOL OR DRUG ABUSE PATIENT."

DATE: _____ SIGNATURE: _____
Participant or Authorized Party

PARENT/GUARDIAN: _____

WITNESS: _____
Relationship if other than Participant

KENTUCKY DRUG COURT

Adolescent Intake Assessment



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Version 2.0

Kentucky Drug Court Adolescent Intake Assessment

(KDC-AIA) Paper Version

Date of Assessment ____/____/____

Time assessment begun ____:____ **1=a.m.** **2= p.m.**

Interviewer: _____

Drug Court Site: _____

Section 1: Locator Information

The first section asks about your contact information.

1. Client name _____, _____
Last name First name MI

2. What is your permanent address? _____
Street address

City State Zip Code

3. How long have you lived at this address? _____ Years

4. Is your current residence owned by you or your family? 0=NO 1=YES

5. What is your best mailing address? _____
Street address

City State Zip code

6a. What is the best phone number to reach you? (____) _____

6a1. Who else might answer that phone?

Full name: _____ Relationship _____

Full name: _____ Relationship _____

6b. Is there another number that you may be reached at? (_____) _____

6b1. Who else might answer that phone?

Full name: _____ Relationship _____

Full name: _____ Relationship _____

7. Do you currently work or know where you plan to work in the near future?

0=NO ➡ ***If NO, Skip to Question # 10***

1=YES

8. What is the name of the place you work or plan to work? _____

8a. What is your work phone number? (_____) _____

9. Work address _____
Street address

City State Zip code

10. Are you currently in school?

0= NO

1=YES ➡ ***If YES, Skip to Question # 13***

11. If not in school, when did you leave? _____
MM/YYYY

12. Why did you leave school?

0=Graduated

1=Just did not want to attend any more

2=Suspended

3=Expelled

4=Other

13. Where do you go to school? (*ask where the client attended school last if they are not still in school*)

School Name

City County

14. What is (*was*) your guidance counselor's name? _____

15. What is your usual custody status?

0=Biological mother

1=Biological father

2=Both biological parents

16. What is your current custody status?

17. How many siblings do you currently live with?

➡ If No Other Guardians, Skip to Question # 18

D) Full name: _____
First name Middle Last name

Address: _____
Street City ST Zip

Phone: (_____) _____ Relationship _____

E) Full name:

First name Middle Last name

Address: _____
 Street City ST Zip

Phone: (____) _____ Relationship _____

20. Interviewer comments on client contact information:

Section 2: Demographic Information

This section asks about your demographic information and about your child(ren) if you have any.

1. What is your birth date? ____/____/_____
 MM DD YYYY
2. What is your Social Security Number? *(Interviewer, if possible verify this number with a social security card. This number needs to be accurate!)*

3. What is the client's gender? 1=Male 2=Female

4. In what country were you born?

1=US ➡ ***If BORN IN U.S., Skip to Question # 5***

2=Non-US born

4a. How many years have you lived in the U.S.? _____ years

5. What race do you consider yourself to be?

1=White (not of Hispanic origin)

2=Black

3=Bi-Racial

4=Native American

5=Alaskan Native

6=Asian or Pacific Islander

7=Hispanic-Mexican

8=Hispanic-Dominican

9=Hispanic-Puerto Rican

10=Hispanic-Cuban

11=Other Hispanic

12=Other

6. Who is the major wage earner in your household?

1=Spouse/Partner

2=Parent

3=Grandparent

4=Other Relative

5=Other (specify) _____

7. What is your [Insert answer from # 6 here] occupation? (circle one)

01 **Professional and technical** (accountant, architect, engineer, lawyer or judge, scientist, doctor, registered nurse, teacher, social worker, writer, entertainer, draftsman)

02 **Manager and administrator** (office manager, sales manager, school administrator, government official, small business owner)

03 **Sales** (sales representative, insurance agent, real estate broker, bond sales person, sales clerk or other sales people, cashier)

04 **Clerical or office worker** (bank teller, bookkeeper, secretary, file clerk, typist, postal clerk or carrier, ticket agent)

05 **Craft and kindred** (baker, carpenter, electrician, bricklayer, mechanic, machinist, tool and die maker, telephone installer)

06 **Operative** (assembler, checker, gas station attendant, meat cutter, packer, laundry and dry-cleaning operator, miner, welder, garage worker).

07 **Transportation equipment operative** (bus or cab driver, chauffeur, truck driver, delivery person)

08 **Non-farm laborer** (construction, freight handler, sanitation worker, car washer, yard worker, odd-job person)

09 **Private household worker** (maid, butler, cook)

10 **Service worker** (cook, waiter, barber, janitor, practical nurse, caretaker for children, day care worker, beautician, police officer, firefighter)

11 **Farmer or Farm Manager**

12 **Farm laborer (field boss, picker)**

13 **Military service**

14 **Other**

99 **Never had a job**

8. Have you been in a controlled environment in the past year like a hospital or detention center?



0=NO

If NO, Skip to Question # 9

1=YES

8a. If yes, please tell me which controlled environment(s) you have been in the past year, the past 30 days, and how many days you have spent in that environment in the previous 30 days:

WHICH CONTROLLED ENVIRONMENT(S)	PAST YEAR		PAST 30 DAYS		# DAYS PAST 30
	0=NO	1=YES	0=NO	1=YES	
Detention	0	1	0	1	

Alcohol or Drug Treatment	0	1	0	1	
Group home	0	1	0	1	
Medical Treatment	0	1	0	1	
Psychiatric Treatment	0	1	0	1	
Other (specify):	0	1	0	1	

9a. *If Female ask* “How many times have you been pregnant?” _____times

➔ ***If 0, Skip to Question # 13***

9b. *If Male ask* “How many pregnancies have you been responsible for?” _____pregnancies

➔ ***If 0, Skip to Question # 13***

10. How many of those pregnancies resulted in a live birth? _____pregnancies

➔ ***If 0, Skip to Question # 13***

11. How old were you when the first baby was born? _____years old

12. How many children do you have? _____children

13. *Interviewer comments on client demographic and child(ren) information:*

The following questions ask about your medical health history.

1. How many times in your life have you been hospitalized for medical problems? *(Include ODs and DTs; Exclude birth of a child)*

_____times ➔ ***If 0, Skip to Question # 3***

2. How long ago was your last hospitalization for a medical problem?
(Exclude birth of a child)

1=less than six months 2=6-12 months ago

3=1-2 years ago 4=2-3 years ago

5=more than 3 years 6=Never

3. Do you have any chronic medical problems that continue to interfere with your life?

0=NO

1=YES; **IF YES**, what? _____
(If there are multiple answers please separate by commas)

4. Have you ever had any of the following medical health problems?

HEALTH PROBLEMS	0=NO	1=YES
Hepatitis (B, C)	0	1
Chlamydia (NGU)	0	1
Syphilis	0	1
Gonorrhea (GC, clap, dose)	0	1
Pelvic Inflammatory Disease (PID)	0	1
Genital Warts (HPV, venereal warts)	0	1
HIV+	0	1
AIDS	0	1

5. Have you ever had a fit or seizure? 0=NO 1=YES

6. Are you taking any prescribed medication on a regular basis for a physical problem? *WHAT?*

0=NO 1=YES; **IF YES**, what? _____
(If there are multiple answers please separate by commas)

7. Do you smoke cigarettes?

0=NO ➔ **If NO, Skip to Question # 9**

1=YES

8. On average, about how many cigarettes did you smoke a day in the last 30 days you were on the street and not in a controlled environment?

_____ cigarettes

9. Do you currently have any type of health insurance, including Medicaid/Medicare?

0=NO ➔ **If NO, Skip to Question # 11**

1=YES

10. Which of the following best describes the type(s) of health insurance or health programs your family are/were covered by? *(Will need to ask the parents or confirm with parents)*

TYPE OF INSURANCE	0=NO	1=YES
- Parent Employer provided Health insurance	0	1
- Private health insurance	0	1
- MEDICAID (a public assistance program that pays for medical care)	0	1
- MEDICARE (a public health insurance program for person 65 and older and for certain disabled persons)	0	1
- VA/CHAMPUS (a series of public health programs for active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors)	0	1

- Other insurance, specify:	0 1
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11. How many days have you experienced medical problems in the past 30? (*Not pregnancy related*)

_____ days

Interviewer Ratings for Medical Health Information

12. How would you (interviewer) rate the client's need for medical treatment? (Circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

13. Interviewer comments on medical health information:

Section 4: Education/School Information

The following questions ask about your education and employment history.

1. Have you completed any training or technical education? 0=NO 1=YES

2. What is the highest grade you completed? (GED=12 years) _____ years

3. How many different schools have you attended in the past school year (or the last year you were in school)?

_____ Schools

4. What was your grade average, or which grade letter is closest to your grade average, on your last report card?

0=F 1=D 2=C 3=B 4=A

5. What was your grade average, or which grade letter is closest to your grade average, for the last year (*or the last year you were in school*)?

0=F 1=D 2=C 3=B 4=A

6. Please answer the following questions about school (*If not currently in school or if it is summer refer to the **last month and three months the adolescent was in school***).

	EVER 0=NO 1=YES	PAST 3 MONTHS 0=NO 1=YES	# DAYS	PAST 30 DAYS 0=NO 1=YES	# DAYS
6a. Have you been late to school?	0 1	0 1		0 1	
6b. Have you missed any school days for reasons other than skipping?	0 1	0 1		0 1	
6c. Have you cut school for a whole day?	0 1	0 1		0 1	
6d. Have you spent time in detention or any other measures taken for disciplinary reasons (like the principal's office or a school counselor's office)?	0 1	0 1		0 1	
6e. Were you suspended from school?	0 1	0 1		0 1	

Interviewer Ratings for Education Information

7. How would you (interviewer) rate the client's need for school counseling? (Circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

8. Interviewer comments on education information:

Section 5: Employment Information

The following questions ask about your education and employment history.

1. Do you have a valid driver's license?

0=NO; ***IF NO***, Why Not? _____

1=YES: ***IF YES***, what is your driver license number? _____

(Please verify)

2. Do you have an automobile available for use? 0=NO 1=YES

3. Have you ever held a job? 0=NO 1=YES
4. Are you currently employed? 0=NO 1=YES
- 4a. If NOT currently employed, how long was your last job?
 _____ years _____ months
- 4b. If currently working, how long have you worked at your current job?
 _____ years _____ months
5. Is (was) this job:
 1=Full time 2=Part-time 3=Other
6. Are (were) you frequently absent or late to work? 0=NO 1=YES
7. Have you ever been fired from a job? 0=NO 1=YES
8. How many different jobs have you had in the past year? jobs _____
9. How many days were you paid for working in the past 30 days? _____ days
10. Is it important to you now to find or keep a satisfactory job? 0=NO 1=YES

Interviewer Ratings for Employment Information

11. How would you (interviewer) rate the client's need for employment support counseling? (Circle one number next to your response)
- 0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem
- 6 – 7 =Considerable problem 8 – 9 =Extreme problem

12. Interviewer comments on employment information:

Section 6: Drug and Alcohol Information

The following questions ask about your substance use history.

1. Please indicate:

- A. Have you ever used [*insert substance*]? (*Circle one*) 0=NO 1=YES
 B. How old were you the first time you used [*insert substance*]? (*record age*)
 C. How many days have you used in the past 30 days on the street? (*record # days*)
 D. How many years have you used [*insert substance*] regularly in your lifetime? (*record # years*)
 E. Write any substance specific comments on the next page.

DRUG/ALCOHOL INFORMATION	A EVER USED 0=NO 1=YES	B AGE 1 ST USE	C # DAYS USED IN PAST 30 ON THE STRT	D #YEARS USED IN LIFETIM E
1.1 <u>Alcohol</u> , any use	0 1			
1.2. <u>Marijuana</u> (pot, weed, dope, grass, herb, joint, reefer, spliff, sinsemillia, doobie, cannabis, hashish, ganja, Colombian)	0 1			
1.3. <u>Cocaine</u> (coke, base, dusts, freebase, snow, lady)	0 1			
1.4. <u>Crack Cocaine</u> (rock)	0 1			
1.5. <u>Amphetamine</u> (uppers) (crank, diet pills, bennies, black beauties, dexies, ice, white crosses, methamphetamine)	0 1			
1.6. <u>Barbiturates (downers) or Other sedatives/ hypnotics/tranq</u> (sleeping pills, Valium, Librium, Xanax, Quaaludes, Seconal, Amytal, goofballs, reds, Yellowjackets)	0 1			
1.7. <u>Opiates/analgesics painkillers</u> (Percodan, Dilaudid, opium, morphine, codeine, opium, Demerol, Talwin, Darvon)	0 1			
1.8. <u>Ecstasy</u>	0 1			
1.9. <u>OxyContin</u>	0 1			
1.10. <u>Hallucinogens</u> (psychedelics, to trip, to drop) (LSD, acid, tabs, microdots, blotter, mescaline, psilocybin, mushrooms, peyote, buttons, DMT, XTC, PCP, angel dust, Adam, STP)	0 1			
1.11. <u>Inhalants</u> (glue, gas, paint, nitrous oxide—whip-its, laughing gas, balloons, etc)	0 1			
1.12. <u>Heroin</u> (junk, scag, smack, horse, boy, China white)	0 1			
1.13. <u>Methadone</u> , illegal	0 1			
1.14. <u>More than one substance per day (including alcohol)</u>	0 1			

DRUG/ALCOHOL INFORMATION	E COMMENTS
1.1. <u>Alcohol</u>	
1.2. <u>Marijuana</u>	
1.3. <u>Cocaine</u>	
1.4. <u>Crack Cocaine</u>	
1.5. <u>Amphetamine</u>	
1.6. <u>Barbiturates or Other sedatives/ hypnotics/tranq</u>	
1.7. <u>Opiates/ analgesics painkillers</u>	
1.8. <u>Ecstasy</u>	
1.9. <u>OxyContin</u>	
1.10. <u>Hallucinogens</u>	
1.11. <u>Inhalants</u>	
1.12. <u>Heroin</u>	
1.13. <u>Methadone, illegal</u>	
1.14. <u>More than one substance per day (including alcohol)</u>	

2. The next set of questions ask about your drug and alcohol use:

	0-NO	1-YES
2a. Do you get into trouble because you use drugs or alcohol at school?	0	1
2b. Have you accidentally hurt yourself or someone else while high on drugs or alcohol?	0	1
2c. Do you miss out on activities because you spend too much money on drugs or alcohol?	0	1
2d. Do you ever feel you are addicted to alcohol or drugs?	0	1

2e. Have you started using more drugs or alcohol to get the effect you want?	0	1
2f. Do you ever leave a party because there is no alcohol or drugs?	0	1
2g. Do you have a constant desire for alcohol or drugs?	0	1
2h. During the past month have you driven a car while you were drunk or high?	0	1
2i. Have you had a car accident while high on drugs or alcohol?	0	1
2j. Do you forget things you did while drinking or using drugs?	0	1
2k. Does alcohol or drug use cause your moods to change quickly like from happy to sad or vice versa?	0	1
2l. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	0	1
2m. Do you have serious arguments with friends or family members because of your drinking or drug use?	0	1
2n. Does your alcohol or drug use ever make you do something you would not normally do: like breaking rules, missing curfew, breaking the law, or having sex with someone?	0	1
2o. Do you miss school or arrive late because of your alcohol or drug use?	0	1
2p. Do you have trouble getting along with any of your friends because of your alcohol or drug use?	0	1
2q. Do you ever feel you can't control your drug use?	0	1

3. Have you ever been treated for drug or alcohol abuse, not including AA/NA?

0=NO → ***If NO, Skip to Question # 5***

1=YES

4. How many times, not including AA/NA, you have been treated for drug or alcohol abuse:

	LIFETIME	PAST YEAR	# DAYS PAST 30 DAYS
How many times were you treated for drug and alcohol abuse in a residential setting?			
How many of times in detox only?			
How many times in outpatient treatment program?			

5. Have you ever attended AA/NA meetings?

0=NO → ***If NO, Skip to Question # 8***

1=YES

6. Have you attended AA/NA in the past year?

0=NO → ***If NO, Skip to Question # 8***

1=YES

7. How many days have you attended AA/ NA meetings in the past 30 days?

_____ days

Interviewer Ratings for Drug and Alcohol Information

8. *How would you (interviewer) rate the client's need for alcohol treatment? (Circle one number next to your response)*

*0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem
6 – 7 =Considerable problem 8 – 9 =Extreme problem*

9. *How would you (interviewer) rate the client's need for drug treatment? (Circle one number next to your response)*

*0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem
6 – 7 =Considerable problem 8 – 9 =Extreme problem*

10. *Interviewer comments on drug and alcohol information:*

Section 7: Criminal Justice History Information

The following questions ask about your criminal justice history.

1. Are you on probation or conditional release now? 0=NO 1=YES

2. How many times have you been in detention or incarcerated in your life?

_____ times **➔ If 0 months, Skip to Question # 6**

3. In all, how much time have you spent in detention or incarcerated in your life?

1=1 month or less

2=2 months

3=3 months

4=4 months

5=5 months

6=6 or more months

4. How long was your last detention or incarceration?

1=1 month or less

2=2 months

3=3 months

4=4 months

5=5 months

6=6 or more months

5. Reason for last detention or incarceration?

CHARGE	0=NO	1=YES
Shoplifting	0	1
Vandalism	0	1
Truancy	0	1
Trespassing	0	1
Parole/Probation violation	0	1
Drug charges	0	1
Disorderly conduct	0	1
Driving while intoxicated	0	1
Other major driving violations such as reckless driving, speeding, etc	0	1
Assault or other charges related to domestic violence	0	1
Assault not related to domestic violence	0	1
Forgery	0	1
Weapons offense	0	1
Burglary, larceny, B & E	0	1
Robbery	0	1
Arson	0	1
Rape	0	1
Homicide/manslaughter	0	1
Prostitution	0	1
Contempt of Court	0	1
Other (specify, separate answers with a comma):	0	1

6. Are you presently awaiting charges, trial, or sentence?

0=NO **➔ If NO, Skip to Question # 8**

1=YES

7. Reason for awaiting charges?

CHARGE	0=NO	1=YES
Shoplifting	0	1
Vandalism	0	1
Truancy	0	1
Trespassing	0	1
Parole/Probation violation	0	1
Drug charges	0	1
Disorderly conduct, vagrancy, public intoxication	0	1
Driving while intoxicated	0	1
Other major driving violations such as reckless driving, speeding, no license, etc	0	1
Assault or other charges related to domestic violence	0	1
Assault not related to domestic violence	0	1
Forgery	0	1
Weapons offense	0	1
Burglary, larceny, B & E	0	1
Robbery	0	1
Arson	0	1
Rape	0	1
Homicide/manslaughter	0	1
Prostitution	0	1
Contempt of Court	0	1
Other (specify, separate answers with a comma):	0	1

8. How many days in the past 30 were you engaged in illegal activities for profit?

_____ days

Interviewer Ratings for Criminal Justice Involvement Information

9. How would you (interviewer) rate the client's need for legal services or counseling?

(Circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem 6 – 7
=Considerable problem 8 – 9 =Extreme problem

10. Interviewer comments on criminal justice involvement information:

Section 8: Family Information

The following questions ask about your family history.

- Have any of your relatives had what you would call a significant drinking (ALC), drug use (DRG), or psychiatric (PSY) problem – one that did or should have led to treatment? (*Interviewer, record a 0, 1, 2, or 3 in each space corresponding the tabled question*)

0=NO

1=YES

2=Uncertain

3=No relative from that category

MOTHER'S SIDE				FATHER'S SIDE				SIBLINGS			
	ALC	DRG	PSY		ALC	DRG	PSY		ALC	DRG	PSY
Grand mother				Grand Mother				Brother #1			
Grand father				Grand Father				Brother #2			
Mother				Father				Sister #1			
Aunt				Aunt				Sister #2			
Uncle				Uncle							

- What are your current living arrangements?

0=Alone

1=With both parents

2=With single parent-Mother

3=With single parent--father

4=With other family members

5=With boyfriend/girlfriend/spouse

6=With friends

7=Foster care

8=In a controlled environment

9=No stable arrangements (*include shelter*)

- How long have you lived in these living arrangements?

_____ years _____ months

- Are you satisfied with these living arrangements, with the people you are living with?

0=NO

1= YES

2=Indifferent

- Please rate how well you get along with the following individuals:

	NOT AT ALL 0	SOMEWHAT 1	PRETTY GOOD 2	GREAT 3
Biological mother	0	1	2	3
Biological father	0	1	2	3
Step mother	0	1	2	3
Step father	0	1	2	3
Siblings	0	1	2	3
Sexual partner/marital partner	0	1	2	3
Other individuals you currently live with (specify):	0	1	2	3

6. How many days in the past 30 have you had serious conflicts (problems which threaten your relationship):

a. With family members? _____ days

b. With other people (excluding family)? _____ days

7. Do you live with anyone that has a drug and/or alcohol problem?

0=NO

1=YES

8. How many different places have you lived in the past 12 months?

_____ places

9. Please answer the following questions about your home life:

	0=NO	1=YES
9a. Do your parents or guardians argue a lot?	0	1
9b. Do your parents or guardians refuse to talk to you when they are mad at you?	0	1
9c. Do your parents or guardians usually know where you are and what you are doing?	0	1
9d. Do your parents or guardians and you do lots of things together?	0	1
9e. Do your parents or guardians pay attention when you talk with them?	0	1
9f. Do your parents or guardians have rules about what you can and cannot do?	0	1
9g. Do your parents or guardians know what you really think or feel?	0	1
9h. Do you and your parents or guardians have frequent arguments which involve yelling or screaming?	0	1
9i. Do your parents or guardians like talking with you and being with you?	0	1
9j. Do your parents or guardians have a pretty good idea of your interests?	0	1
9k. Do your parents or guardians usually agree about how to handle you?	0	1

10. Please answer the following questions about discipline in your home:

	EVER	PAST YEAR	PAST MONTH	# DAYS IN PAST MONTH
10a. Have you ever broken your curfew or stayed out later than you were supposed to?	0 1	0 1	0 1	
10b. Have you ever disobeyed and/or talked back to your guardian(s)	0 1	0 1	0 1	
10c. Have you ever been disciplined by your guardians?	0 1	0 1	0 1	

11. The next question asks about abuse, I need to let you know that if indicate you have been or are being abused in any way I will have to report your family to child protective services. Have any family members or any others such as strangers, acquaintances, intimate partners ever abused you:

ABUSE TYPE	0=NO	1=YES
11a. Emotionally (made to feel bad through harsh words, humiliation, manipulation)? <i>(Do not include verbal abuse by strangers)</i>	0	1
11b. Physically (cause or threaten to cause physical harm such as: slapping, punching, kicking, hitting with an object, assaulting with a knife or other weapon, etc.)?	0	1
11c. Sexually (rape, forced sexual advances or non-consensual sexual acts)?	0	1
11d. Has anyone ever sexually harassed you (inappropriate physical contact, stalking, using threats to secure sexual contact, etc.)?	0	1

Interviewer Ratings for Family Information

12. How would you (interviewer) rate the client's need for family counseling? (Circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem
6 – 7 =Considerable problem 8 – 9 =Extreme problem

13. How would you (interviewer) rate the other family member's need for counseling? (Circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem
6 – 7 =Considerable problem 8 – 9 =Extreme problem

14. Interviewer comments on family information:

Section 9: Social Information

The following questions ask about your social history.

1. How many close friends do you have?

_____ friends

2. Do any of your friends, not including boyfriend or girlfriend, regularly use:

	0=NO	1=YES
Alcohol	0	1
Marijuana	0	1
Cocaine	0	1
Other illicit drug	0	1

3. Please answer the following questions about your social life:

	0=NO	1=YES
3a. Is it hard for you to ask for help?	0	1
3b. Are most of your friends older than you?	0	1
3c. Do your friends get bored at parties when there is no alcohol served?	0	1
3d. Do you feel alone most of the time?	0	1
3e. Do you have friends who damage or destroy things on purpose?	0	1
3f. Do your friends bring drugs to parties?	0	1
3g. Do you usually think about how your actions will affect others?	0	1
3h. Do people your own age like and respect you?	0	1
3i. Are most of your friends younger than you are?	0	1
3j. Do you have friends who have hit or threatened to hit someone without any real reason?	0	1
3k. Do your friends cut school a lot?	0	1
3l. Do you have any friends who have stolen things?	0	1
3m. Are you usually pleased with how well you do in activities with your friends?	0	1
3n. Do your parents or guardians approve of your friends?	0	1
3o. Do you rush into things without thinking what could happen?	0	1
3p. Do you enjoy doing things with people your own age?	0	1
3q. Are you good at talking your way out of trouble?	0	1
3r. Are you able to make friends easily in a new group?	0	1
3s. Do you think it's a bad idea to trust other people?	0	1
3t. Do you often act on the spur of the moment?	0	1

4. Do you have a boyfriend or girlfriend? 0=NO 1=YES

5. How many months has this person been a boyfriend/girlfriend? months _____

6. How many boyfriends/girlfriends have you had in the past year? Boy/girlfriends total _____

7. Does your boyfriend/girlfriend regularly use

	0=NO	1=YES
Alcohol	0	1
Marijuana	0	1
Cocaine	0	1
Other illicit drug	0	1

8. How many serious conflicts or arguments with all boyfriends/girlfriends would you say you have had:

In the past month? _____ arguments

In the past 3 months? _____ arguments

9. How satisfied are you with your relationship with your boyfriend/girlfriend?

0=Not at all

1=A little

2=Fair amount

3=Very much

4=Extremely

10. With whom do you spend most of your free time? (*Circle all that apply*)

0=No one

1=Family

2= Friends

3=Boy/girlfriend 4=Gang 5=Other

Interviewer Ratings for Social Information

11. How would you (interviewer) rate the client's need for social counseling? (*Circle one number next to your response*)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

12. Interviewer comments on social information:

Section 10: Mental Health Information

The next set of questions ask about your mental health.

1. Have you ever been treated as an outpatient for psychological or emotional problems?

0=NO

1=YES

2. How many times have you ever been treated for any psychological or emotional problems in a hospital?

_____times

3. Have you ever been prescribed medication for any psychological or emotional problems?

0=NO

1=YES; *IF YES*, What? _____
(If there are multiple answers please separate by commas)

4. Have you been prescribed medication (or taken any prescription medication) for any psychological emotional problem in the past 30 days?

0=NO

1=YES; *IF YES*, What? _____
(If there are multiple answers please separate by commas)

5. Have you had a significant period (that was not a direct result of drug or alcohol use) in which you:

	PAST 30 DAYS 0=NO 1=YES		IN LIFETIME 0=NO 1=YES	
Experienced serious depression?	0	1	0	1
Experienced serious anxiety or tension?	0	1	0	1
Experienced hallucinations?	0	1	0	1
Experienced trouble understanding, concentrating, or remembering?	0	1	0	1
Experienced trouble controlling violent behavior?	0	1	0	1
Experienced thoughts of suicide?	0	1	0	1
Attempted suicide?	0	1	0	1
Experienced anorexia, bulimia, or other eating disorders?	0	1	0	1

6. In the past 30 days, to what degree have you been bothered by past experiences involving:

	0=Not at all	1=A little	2=Somewhat	3=A lot
Emotional abuse	0	1	2	3
Physical abuse	0	1	2	3
Sexual abuse/rape	0	1	2	3
Sexual harassment	0	1	2	3

7. How many days in the past 30 have you experienced psychological problems?

_____ Days

8. Have you ever been diagnosed or told by a school counselor, a doctor, or some other kind of mental health professional that you had:

	0=NO 1=YES	COMMENT
Attention Deficit Hyperactivity Disorder (ADHD)	0 1	
Attention Deficit Disorder (ADD)	0 1	
Learning Disability (e.g., dyslexia, etc)	0 1	
A serious mental health condition such as depression, obsessive compulsive disorder (OCD), Phobia, Anxiety or other? Specify (<i>separate answers with a comma</i>):	0 1	
Other behavioral disorder? Specify (<i>separate answers with a comma</i>):	0 1	
Other? Specify (<i>separate answers with a comma</i>):	0 1	

9. Please answer the following questions:

	0=NO 1=YES
9a. Do you get frustrated easily?	0 1
9b. Do you threaten to hurt people?	0 1
9c. Are you restless and can't sit still?	0 1
9d. Do you feel nervous most of the time?	0 1
9e. Have you ever been told you are hyperactive?	0 1
9f. Have you stolen things?	0 1
9g. Do you feel people are against you?	0 1
9h. Do you get into fights a lot?	0 1
9i. Do you have a hot temper?	0 1
9j. Are you stubborn?	0 1
9k. Do you have trouble getting your mind off things?	0 1
9l. Have you ever threatened anyone with a weapon?	0 1
9m. Do you have trouble concentrating?	0 1
9n. Have you ever intentionally damaged someone else's property?	0 1
9o. Have you ever spent the night away from home when your parents didn't know where you were?	0 1
9p. Are you suspicious of other people?	0 1
9q. Do you feel sad most of the time?	0 1
9r. Do you have trouble sleeping?	0 1
9s. Do you feel you lose control and get into fights?	0 1
9t. Do you have a hard time following directions?	0 1
9u. Do you worry a lot?	0 1

Interviewer Ratings for Mental Health Information

10. How would you (interviewer) rate the client's need for mental health counseling/ treatment? (Circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

11. Interviewer comments on mental health information:

Section 11: Strengths Assessment

This section will be used to end the interview on a more positive note; and to assess strengths that may be useful in developing an individual program plan or goals.

1. Please list three things you like about yourself:

1a. _____

1b. _____

1c. _____

2. Please list three things you did last month that you are proud of:

2a. _____

2b. _____

2c. _____

3. Please tell me anything else you would like to say about your strengths (e.g., positive aspects of yourself, accomplishments, other things you are proud of).

Section 12: Interviewer Ratings

1. Time assessment ended __ __: __ __ 1=a.m. 2=p.m.

2. Please rate the client interview on each of the questions:

AT THE TIME OF THE INTERVIEW, CLIENT WAS:	0=NO	1=YES
Obviously depressed/withdrawn.	0	1
Obviously hostile.	0	1
Obviously anxious/nervous.	0	1
Having trouble with reality testing, thought disorders, paranoid thinking.	0	1
Having trouble comprehending, concentrating, or remembering.	0	1
Having suicidal thoughts.	0	1
Do you believe any of the client answers were significantly distorted by misrepresentation?	0	1
Do you believe any of the client answers were significantly distorted because the client did not understand the questions?	0	1

3. Please record any final comments you have about this client and/or this client's Interview.

KDC-AIA Parent/Guardian Questionnaire

The purpose of these questions is to help us choose the best ways to help your child. Please try to answer the questions honestly.

1. What are your child's current living conditions?

1=Both parents

2=Mother only

7=Foster home

8=Other family member (s) specify

3=Father only

9=Friends

4=Stepparent

10=Controlled environment (jail, rehab, etc.)

5=Grandparent (s)

11=Alone

6=Older sibling (s) specify _____

2. Do you think this particular child has a problem with alcohol or drugs?

0=NO

1=YES

3. Do you think any of your other children has a problem with alcohol or drugs?

0=NO

1=YES

4. Who is the primary disciplinarian in your household?

1=Father

4=Other family member (s) specify

2=Mother

5=No one

3=Both parents

5. What type(s) of discipline are administered in your household? (Circle all that apply)

a. Time out area

b. Loss of privileges

c. Corporal punishment (spanking, etc.)

d. Verbal reprimand

e. None

f. Other, Specify: _____

6. Has this child ever threatened you in any way?

0=NO

1=YES

7. How do rate your relationship with this child?

1=Excellent	4=Fair
2=Very Good	5=Poor
3=Good	6=Very Bad

8. How often is this child left alone or unsupervised by an adult?

1=1-2 days per week	4=7 days per week
2=3-4 days per week	5=A few hours during the day/evening
3=5-6 days per week	6=Not at all

9. Has your child ever been in someone else's custody?

0=NO ➡ IF NO, SKIP TO #11
1=YES

10. If yes, when and why was this child in someone else's custody?

11. Have you ever been called to school because of this child's behavior?

0=NO ➡ IF NO, SKIP TO #14
1=YES

12. How often have you been called to school because of this child's behavior in the last year? _____ times

12a. How often in the last 3 months? _____ times

13. For what reason (s) were you called to school because of this child's behavior?

14. Has your child ever been diagnosed with a psychological or emotional disorder?

0=NO ➡ **IF NO, SKIP TO #15**
1=YES

14a. If YES, what were they diagnosed with? (Please list all):

14b. Who diagnosed your child? (If there were multiple diagnoses, please list the most recent individual to give the diagnosis).

14c. When were they last diagnosed?

MM/YYYY

14d. Were medications prescribed? 0=NO 1=YES

14e. What medications has this child ever taken for psychological or emotional problems?

14f. Has this child ever been to counseling for psychological or emotional problems? 0=NO
1=YES

14g. Where did this child go to counseling? _____

15. Is your child currently taking any prescribed medications? 0=NO 1=YES

If YES, what are they taking? _____

Who prescribed this medication? _____

16. The next few questions ask about you:

	NO 0	YES 1
Do you or have you ever had a problem with alcohol or drugs?	0	1
Have you ever been treated for substance abuse?	0	1
Have you ever been treated for psychological or emotional	0	1

problems?		
-----------	--	--

17. Has anyone in your family ever committed suicide?

0=No ➡ **IF NO, SKIP TO #19**
 1=Yes

18. Who and when did the person (s) commit suicide?

19. Have you noticed any of the following behaviors in your child in the past 30 days?

(Circle all that apply)

- a. Violent behavior
- b. Depression or anxiety
- c. Changes in eating habits
- d. Changes in sleeping habits
- e. Isolation from friend and/or family
- f. Skipping school
- g. Any odors of alcohol or drugs

20. Do you have any other comments about this child you would like to make?

Problem Oriented Screening Instrument for Parents (POSIP)

The purpose of these questions is to help us choose the best ways to help your child. Please try to answer the questions honestly. Please answer all of the questions. If a question does not fit your child exactly, pick the answer that is mostly true. Many of the questions ask for your own opinion regarding your child's level of involvement with alcohol or other drugs. Please respond to the best of your knowledge.

PLEASE ANSWER THE FOLLOWING QUESTIONS		Circle one	
1.	Does your child have so much energy that he/she doesn't know what to do with it?	YES	NO
2.	Does your child brag?	YES	NO
3.	Does your child get into trouble because he/she uses drugs or alcohol at school?	YES	NO
4.	Would your child's friends get bored at parties when there is no alcohol served?	YES	NO
5.	Do you and your spouse argue a lot?	YES	NO
6.	Does your child seem tired often?	YES	NO
7.	Does your child seem to be easily frightened?	YES	NO
8.	Does your child seem to get frustrated easily?	YES	NO
9.	Has your child ever threatened to hurt people?	YES	NO
10.	Would you describe your child as a loner?	YES	NO
11.	Does your child swear or use dirty language?	YES	NO
12.	Do you approve of your child's friends?	YES	NO
13.	Do you think your child has lied to anyone in the past week?	YES	NO
14.	Do you refuse to talk with your child when you are mad at him/her?	YES	NO
15.	Does your child rush into things without thinking about what could happen?	YES	NO
16.	Has your child accidentally hurt him/herself or someone else while high on alcohol or drugs?	YES	NO
17.	To your knowledge does your child have friends who damage or destroy things on purpose?	YES	NO
18.	Do you usually know where your child is and what he/she spends too much money on drugs or alcohol?	YES	NO
19.	Do you think your child misses out on activities because he/she spends too much money on drugs or alcohol?	YES	NO
20.	Do you and your child do lots of things together?	YES	NO
21.	Does your child appear to be nervous most of the time?	YES	NO
22.	To your knowledge has your child ever stolen things?	YES	NO
23.	Have you ever been told that your child is hyperactive?	YES	NO
24.	Do you ever feel that your child is addicted to alcohol or drugs?	YES	NO
25.	Does your child act as if others are against him/her?	YES	NO
26.	Do you think your child's friends bring alcohol or other drugs to parties?	YES	NO
27.	Does your child get into fights a lot?	YES	NO
28.	Does your child have a hot temper?	YES	NO
29.	Do you pay attention when your child talks with you?	YES	NO
PLEASE ANSWER THE FOLLOWING QUESTIONS		Circle one	
30.	Does your child seem to need more and more drugs or alcohol to get the effect he/she wants?	YES	NO
31.	Do you have rules about what your child can and cannot do?	YES	NO
32.	Is your child stubborn?	YES	NO
33.	Does your child have trouble getting his/her mind off things?	YES	NO
34.	To your knowledge has your child ever threatened anyone with a weapon?	YES	NO
35.	Would your child ever leave a party because there is no alcohol or drugs?	YES	NO
36.	Do you know how your child really thinks or feels?	YES	NO
37.	Does your child often act on the spur of the moment?	YES	NO
38.	Do you think your child has a constant desire for alcohol or drugs?	YES	NO

39.	Does your child hear things no one else around him/her hears?	YES	NO
40.	Does your child have trouble concentrating?	YES	NO
41.	Do you and your child have frequent arguments which involve yelling and screaming?	YES	NO
42.	Has your child had a car accident while on alcohol or drugs?	YES	NO
43.	Does your child seem to forget things he did while drinking or using drugs?	YES	NO
44.	To your knowledge has your child driven a car while drunk or high during the past month?	YES	NO
45.	Is your child louder than other kids?	YES	NO
46.	Are most of your child's friends younger than he/she is?	YES	NO
47.	To your knowledge has your child ever intentionally damaged someone else's property?	YES	NO
48.	Does your child like talking with you and being with you?	YES	NO
49.	Has your child ever spent the night away from home when you didn't know where he/she was?	YES	NO
50.	Is your child suspicious of other people?	YES	NO
51.	Has your child cut school at least 5 days in the past year?	YES	NO
52.	Have you ever noticed a mood swing in your child which you could attribute to alcohol or drug use?	YES	NO
53.	Does your child seem sad most of the time?	YES	NO
54.	Has your child ever missed school or arrived late for school because of his/her alcohol or drug use?	YES	NO
55.	Do your child's family or friends ever tell him/her that he/she should cut down on his/her drinking or drug use?	YES	NO
56.	Does your child have serious arguments with friends or family members because of his/her drinking or drug use?	YES	NO
57.	Does your child tease others a lot?	YES	NO
58.	Does your child have trouble sleeping?	YES	NO
59.	Does your child's alcohol or drug use ever make him/her do something he/she would not normally do-like breaking rules, missing curfew, breaking the law or having sex with someone?	YES	NO
60.	Do you think your child loses control and gets into fights?	YES	NO
61.	To your knowledge has your child skipped school during the past month?	YES	NO
62.	Does your child have trouble getting along with any of his/her friends because of his/her alcohol or drug use?	YES	NO
PLEASE ANSWER THE FOLLOWING QUESTIONS		Circle one	
63.	Does your child have a hard time following directions?	YES	NO
64.	Does your child have friends who have hit or threatened hit someone?	YES	NO
65.	Do you ever think your child can't control his/her alcohol or drug use?	YES	NO
66.	Do you have a pretty good idea of your child's interests?	YES	NO
67.	Do you and your spouse usually agree about how to handle you child?	YES	NO
68.	Do your child's friends cut school a lot?	YES	NO
69.	Does your child worry a lot?	YES	NO
70.	Does your child often feel like he/she wants to cry?	YES	NO
71.	Is your child afraid to be around people?	YES	NO
72.	To your knowledge does your child have friends who have stolen things?	YES	NO
73.	Is your child restless and can't sit still?	YES	NO
74.	Does your child scream a lot?	YES	NO
75.	Are most of your child's friends older than your child?	YES	NO

Thank you for taking the time to answer the questions.

_____ **DISTRICT COURT**
JUVENILE DIVISION

COMMONWEALTH OF KENTUCKY

PLAINTIFF

ORDER REFERRING TO JUVENILE DRUG COURT

NO. _____

VS.

DEFENDANT

NAME: _____
DOB: _____
SSN: _____
CHARGE(s): _____

* * * * *

IT IS HEREBY ORDERED that the above named defendant is referred to the _____ County Drug Court Center for eligibility assessment pending further actions of this Court.

Further, the above styled case is set for a _____ hearing before this Court on _____, _____ at _____ .m.

(Date)

Dated this the ____ day of _____, ____.

JUDGE, DISTRICT COURT

Attested copies mailed this _____ day of _____, _____, to:

Jail
Drug Court
Defendant's Attorney
BY: _____ D.C.

REFERRAL TO JUVENILE DRUG COURT PROBATION TRACK

DATE: _____

NAME: _____

CASE NUMBER _____

JUDGE: _____

You must contact the Drug Court Center within the next three days to schedule an appointment for assessment. Should you fail to do so, you shall be held in contempt of court and a warrant will be issued for your arrest.

DRUG COURT NOTICE OF ELIGIBILITY

DATE: _____

NAME: _____

CASE NUMBER: _____

JUDGE: _____

_____ Eligible for Drug Court

_____ Not Eligible for Drug Court

If transferred, please set for Drug Court Judge _____ and schedule for
(name)

(date and time)

CC: County Attorney
Department of Juvenile Justice
Court Designated Workers

JUVENILE DRUG COURT ELIGIBILITY CRITERIA

NAME: _____ DOB: ____/____/____ SSN: _____

INTERVIEWER: _____ DATE: _____ TIME: _____

This information is confidential and will be used by the court to determine eligibility for participation in Juvenile Drug Court.

Check the following categories as applicable:

TO BE COMPLETED BY COURT DESIGNATED WORKER:

I. The Defendant is charged with:

- _____ a. Possession of Drug Paraphernalia, 2nd offense, and no other felony charges with the possible exception of Possession of a Controlled Substance and other evidence of drug addiction.
 - _____ b. Possession of Controlled Substance (Felony).
 - _____ c. Obtaining Controlled Substance by Fraud (Prescription Fraud).
-

TO BE COMPLETED BY DRUG COURT PERSONNEL:

II. The criminal history reflects:

- _____ a. No prior violent misdemeanor convictions.
- _____ b. No prior felony convictions, with the possible exception of Possession of a Controlled Substance and other evidence of drug addiction.
- _____ c. No convictions of Trafficking in a Controlled Substance.

DISTRICT COURT

JUVENILE DIVISION

COMMONWEALTH OF KENTUCKY

PLAINTIFF

ORDER REFERRING TO JUVENILE DRUG COURT

NO. _____

VS.

DEFENDANT

Name: _____

DOB: _____

SSN: _____

CHARGE(S): _____

* * * * *

IT IS HEREBY ORDERED THAT the above named defendant is referred to the Drug Court Center for eligibility assessment pending further actions of this Court.

Further, the above styled case is set for a _____ hearing before this Court on _____, _____ at _____ .m.

Dated this the _____ day of _____, _____.

JUDGE, DISTRICT COURT

Attested copies mailed this _____ day of _____, _____, to:

Jail
Drug Court

By: _____ D.C.

District Court
Juvenile Division

IN THE INTEREST OF:

CASE NO. _____

WAIVER

Having been granted the privilege of participating in the Juvenile Drug Court program and having intelligently, voluntarily, and knowingly agreed to participate in the Juvenile Drug Court program,

I, _____, do hereby waive and give up the right to
Name

confidentiality as to Juvenile Drug Court sessions as set out in KRS 610.070 and further waive and give up the right to confidentiality in reference to my juvenile court records and drug court files (for Drug Court purposes only) as set out in KRS 610.340.

DATE

Participant

Parent/Guardian

Attorney for Participant

IN THE INTEREST OF:

CASE NO. _____

WAIVER OF RIGHT TO A RULE TO SHOW CAUSE

WHEREAS, the purpose of the Juvenile Drug Court is to provide assistance to me in an effort to address my substance abuse problem; and

WHEREAS, a great deal of time, effort, and money will be expended solely for my benefit; and

WHEREAS, the Juvenile Drug Court is a treatment-based non-adversarial process designed to enhance efforts at rehabilitation; and

WHEREAS, I have been offered and have voluntarily accepted the opportunity to participate in this innovative approach at treating substance abuse problems,

I HEREBY VOLUNTARILY AGREE TO THE FOLLOWING:

- A. That the Court may impose intermediate sanctions for non-compliance with the requirement of the program.
- B. That these intermediate sanctions may include placement in the Detention Center.
- C. That I hereby waive the requirement of filing of a Rule to Show Cause before the Court can impose any intermediate sanctions.
- D. That as a condition of this waiver, the Court agrees that it shall not impose any intermediate consequences in excess of that allowed by law for a contempt of Court sentence. Additionally, I understand that the Court shall not “stack” any periods of detention imposed pursuant to my participation in the Juvenile Drug Court.
- E. That I have discussed this with my attorney and fully understand this waiver and freely and voluntarily agree to the terms contained herein.

CERTIFICATE

I HEREBY CERTIFY that I have read the above Waiver and agree to all its terms and conditions.

DATE

Defendant

Parent/Guardian

CERTIFICATE

I HEREBY CERTIFY that as the Attorney representing the defendant, I have explained the foregoing waiver of Right to Show Cause and other conditions of participation in the Juvenile Drug Court program, and I believe that the defendant's waiver is knowingly, voluntarily, and intelligently made.

DATE

Attorney of Record

_____ District Court

Juvenile Division

IN THE INTEREST OF:

CASE NO. _____

PARENT/GUARDIAN AGREEMENT

In recognition of the effort and expense that will be expended by the Juvenile Justice System for the sole benefit of my child/ward and in consideration of the opportunity my child/ward will be given to participate in the Juvenile Drug Court program, I/We freely and voluntarily agree to the following:

I/We will cooperate and actively participate in family counseling as required to assist in my child's rehabilitative effort.

I/We agree to allow the Juvenile Drug Court staff to conduct counseling sessions and unannounced drug screens of my child/ward at my residence or my child/ward's school.

I/We agree to inform the Court or Juvenile Drug Court staff of any violations of the conditions of supervision that may be imposed upon my child/ward by the Court or Juvenile Drug Court staff.

CERTIFICATE

I HEREBY CERTIFY that I have read the above Waiver and agree to all its terms and conditions.

DATE

Defendant

Parent/Guardian

INDIVIDUALIZED PROGRAM PLAN

PHASE I

Name _____ ID# _____

Problem:	_____
Goal:	_____
Intervention:	_____
Task:	_____
Target Date for Completion:	_____
Comments:	_____
Staff/Title:	_____ Participant _____

Problem:	_____
Goal:	_____
Intervention:	_____
Task:	_____
Target Date for Completion:	_____
Comments:	_____
Staff/Title:	_____ Participant _____

Problem:	_____
Goal:	_____
Intervention:	_____
Task:	_____
Target Date for Completion:	_____
Comments:	_____
Staff/Title:	_____ Participant _____

INDIVIDUALIZED PROGRAM PLAN

PHASE II

Name _____ SSN _____

Problem:	_____
Goal:	_____
Intervention:	_____
Task:	_____
Target Date for Completion:	_____
Comments:	_____
Staff/Title:	_____ Participant _____

Problem:	_____
Goal:	_____
Intervention:	_____
Task:	_____
Target Date for Completion:	_____
Comments:	_____
Staff/Title:	_____ Participant _____

Problem:	_____
Goal:	_____
Intervention:	_____
Task:	_____
Target Date for Completion:	_____
Comments:	_____
Staff/Title:	_____ Participant _____

INDIVIDUALIZED PROGRAM PLAN

PHASE III

Name _____ SSN _____

Problem:	_____
Goal:	_____
Intervention:	_____
Task:	_____
Target Date for Completion:	_____
Comments:	_____
Staff/Title:	_____ Participant _____

Problem:	_____
Goal:	_____
Intervention:	_____
Task:	_____
Target Date for Completion:	_____
Comments:	_____
Staff/Title:	_____ Participant _____

Problem:	_____
Goal:	_____
Intervention:	_____
Task:	_____
Target Date for Completion:	_____
Comments:	_____
Staff/Title:	_____ Participant _____

DRUG COURT PHASE I CALENDAR

Name: _____ Week of: _____

Place: _____ Address: _____
Employment or Educational Training

Contact Name: _____ Phone Number: _____

SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
--------	---------	-----------	----------	--------	----------	--------

Date:

Journal Topic:

Date:

Journal Topic:

Date:

Journal Topic:

Date:

Journal Topic:

Date:

Journal Topic:

Date:

Journal Topic:

Date:

Journal Topic:

Always check return to court slips for next court date
Complete daily assignments
Attend four NA/AA meetings

DRUG COURT PHASE II CALENDAR

Name: _____ Weeks of: _____

Place: _____ Address: _____
Employment or Educational Training

Contact Name: _____ Phone Number: _____

SCHEDULE MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

1ST

2ND

First Week

Date: _____

Journal: Your Topic _____

Date: _____

Journal: Affirmation _____

Date: _____

Journal: Current Event _____

Date: _____

Journal: Your Topic _____

Date: _____

Journal: Affirmation _____

Date: _____

Journal: Current Event _____

Date: _____

Journal: Your Topic _____

Second Week

Date: _____

Journal: Affirmation _____

Date: _____

Journal: Current Event _____

Date: _____

Journal: Your Topic _____

Date: _____

Journal: Affirmation _____

Date: _____

Journal: Current Event _____

Date: _____

Journal: Your Topic _____

Date: _____

Journal: Affirmation _____

Always check return to court slip for next court date

Book report due every two weeks

Written good deed every two weeks

Attend assigned NA/AA meetings per week

DRUG COURT PHASE III CALENDAR

Name: _____ Weeks of: _____

Employment/Education _____ Address: _____

Contact Name: _____ Phone Number: _____

SCHEDULE MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

**1ST
2ND
3RD**

First Week

Date: _____	Journal: Your Topic
Date: _____	Journal: Affirmation
Date: _____	Journal: Current Event
Date: _____	Journal: Your Topic
Date: _____	Journal: Current Event
Date: _____	Journal: Your Topic

Second Week

Date: _____	Journal: Affirmation
Date: _____	Journal: Current Event
Date: _____	Journal: Your Topic
Date: _____	Journal: Affirmation
Date: _____	Journal: Current Event
Date: _____	Journal: Your Topic
Date: _____	Journal: Affirmation

Third Week

Date: _____	Journal: Current Event
Date: _____	Journal: Your Topic
Date: _____	Journal: Affirmation
Date: _____	Journal: Current Event
Date: _____	Journal: Your Topic
Date: _____	Journal: Affirmation
Date: _____	Journal: Current Event

Always check return to court slip for next court date

Book report due every three weeks

Written good deed due every three weeks

Attend assigned NA/AA meeting per week

Drug Court Case Notes

Name: _____

Week of: _____

Admission Date: _____

Weeks in Program: _____

Phase: _____

Drug Screens Total # _____

Negative # _____

Positive # _____

Missed # _____

Weekly Activities:

y n n/a

Housing: _____

Individual Sessions: _____

Group Session: _____

Family Sessions: _____

NA/AA Meetings: _____

Employment _____

Educational Training _____

Court Obligations Paid \$ _____

Comments:

Staff: _____

SUPPORT GROUP MEETING ATTENDANCE VERIFICATION

NAME _____

DATE: _____

MEETING: _____

SIGNATURE OF MEETING CHAIRPERSON (TO BE SIGNED AT END OF MEETING)

DATE: _____

MEETING: _____

SIGNATURE OF MEETING CHAIRPERSON (TO BE SIGNED AT END OF MEETING)

DATE: _____

MEETING: _____

SIGNATURE OF MEETING CHAIRPERSON (TO BE SIGNED AT END OF MEETING)

CERTIFICATE OF ACHIEVEMENT

awarded to:

Certifies that _____ has satisfactorily
completed Phase I of the _____ County Drug Court
Program and is therefore promoted to Phase II.

County _____ Month _____
Staff Member _____ Date Completed _____

MONTHLY STATISTICAL REPORT

A. Diversion Track (If applicable)

1. number of candidates eligible Category I _____
2. number of candidates eligible Category II _____
3. number of candidates assessed _____
4. number of candidates' initial drug screens _____
5. number of candidates eligible _____
6. number of candidates accepted _____

B. Probation Track

1. number of candidates referred _____
2. number of candidates assessed _____
3. number of candidates' initial drug screens _____
4. number of candidates eligible _____
5. number of candidates transferred _____

C. Total diversion and probation candidates accepted _____

D. Number of participants graduated to next phase _____

1. from Phase I to Phase II _____
2. from Phase II to Phase III _____
3. graduate from Phase III _____

1. total number of participants attending sessions _____

E. Number of court sessions _____

F. Number of drug screens conducted _____

G. Number of participants identified as using based on urine screens _____

1. cocaine _____
2. marijuana _____
3. opiates _____
4. approved prescriptions _____
5. other _____

H. Number of individual sessions _____

I. Number of group sessions _____

1. number of participants attending group sessions _____

J. Number of family/support sessions _____

K. Number of participants referred to outside agencies _____

L. Number of participants referred to outside agencies for residential services _____

M. Number of participants employed _____

1. part-time _____
2. full-time _____
3. disabled _____
4. homemaker _____

N. Number of participants in educational pursuit		_____
1. high school/GED	_____	
2. college	_____	
3. vocational training/rehabilitation	_____	
4. adult education	_____	
O. Number of employment/educational verifications		_____
1. on-site	_____	
2. phone contact	_____	
P. Number of housing verifications		_____
1. on-site	_____	
2. phone contact	_____	
Q. Total amount paid toward court obligations		\$ _____
1. court costs	_____	
2. Public Defenders	_____	
3. restitution	_____	
4. crime victim's fees	_____	
5. child support	_____	
6. other _____	_____	
R. Total number sanctions		_____
1. community service	_____	
2. incarceration		
a. 24 hours	_____	
b. weekend	_____	
b. one week	_____	
c. 10-14 days	_____	
d. other _____	_____	
3. phase demotion	_____	
4. other sanctions	_____	
S. Total number of participants rearrested for new charges		_____
1. felony	_____	
charge and disposition	_____	

2. misdemeanor	_____	
charge and disposition	_____	

T. Total number terminations		_____
1. failure to comply	_____	
2. new offenses/other charges	_____	
3. administrative discharge/transfer	_____	
4. fugitive	_____	
U. Total number of active participants		_____

_____ District Court
Juvenile Division
Juvenile Drug Court

COMMONWEALTH OF KENTUCKY

PLAINTIFF

VS.

CERTIFICATION OF VIOLATIONS

NO. _____

DEFENDANT

* * * * *

Comes the affiant, _____, and after first being
duly sworn, states that he/she is the Treatment Coordinator of the _____
Juvenile Drug Court Program for the Commonwealth of Kentucky.

The affiant states that the Defendant had the following violations:

_____ Absconded from the program

_____ Excessive positive drug tests

_____ Failure to comply with other terms of program as follows:

Treatment Coordinator

_____ Drug Court

Subscribed and sworn to before me by _____
on this _____ day of _____, _____.

By: _____ D.C.
(Pursuant to KRS 30A.070)